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CONFIRMATION NO. 3654

<b>SERIAL NUMBER</b> 10/719,480	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 251305/0040 SBP:KYH:AEW
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/978,261 10/15/2001 and is a CIP of PCT/US02/32745 10/15/2002 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 55	<b>INDEPENDENT CLAIMS</b> 11
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Verified and Acknowledged                      Examiner's Signature Initials

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**TITLE**  
 Nucleic acid amplification methods

<b>FILING FEE RECEIVED</b> 1109	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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